



Please type a plus sign (+) inside this box → ☒

HDP/SB/21 based on PTO/SB/21 (08-00)

3743 \$  
#600  
5/27/03

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 09/974,063

Filing Date October 9, 2001

First Named Inventor Kokubunji et al.

Group Art Unit 3743

Examiner Name Allen J. Flanigan

Attorney Docket Number 4041K-000037

RECEIVED

MAY 23 2003

TECHNOLOGY CENTER R3700

### ENCLOSURES (check all that apply)

☒ Fee Transmittal Form

☒ Fee Attached

☒ Amendment / Response

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☒ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/  
Incomplete Application

☐ Response to Missing  
Parts under 37 CFR  
1.52 or 1.53

☐ Assignment Papers  
(for an Application)

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a  
Provisional Application

☐ Power of Attorney, Revocation  
Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) \_\_\_\_\_

☐ After Allowance Communication to  
Group

☐ Appeal Communication to Board of  
Appeals and Interferences

☐ Appeal Communication to Group  
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s)  
(please identify below):

Form HDP-1449 with cited  
references (2 foreign); and  
Return Receipt Postcard

Remarks

The Commissioner is hereby authorized to charge any  
additional fees that may be required under 37 CFR 1.16 or 1.17  
to Deposit Account No. 08-0750. A duplicate copy of this  
sheet is enclosed.

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm  
or  
Individual name

Harness, Dickey & Pierce, P.L.C.

Attorney Name  
Michael J. Schmidt

Reg. No.  
34,007

Signature

Date

May 19, 2003

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.

Typed or printed name Michael J. Schmidt

Signature

Date

May 19, 2003

**FEE TRANSMITTAL  
for FY 2003**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 180**Complete if Known**

Application Number	09/974,063
Filing Date	October 9, 2001
First Named Inventor	Kokubunji et al.
Examiner Name	Allen J. Flanigan
Group / Art Unit	3743
Attorney Docket No.	4041K-000037

**RECEIVED****MAY 23 2003****TECHNOLOGY CENTER 3700****METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit card ☐ Money ☐ Other ☐ None  
Order☐ Deposit Account:Deposit  
Account  
Number

08-0750

Deposit  
Account  
Name

Harness, Dickey &amp; Pierce, P.L.C.

**The Commissioner is authorized to: (check all that apply)**☐ Charge fee(s) indicated below ☒ Credit any overpayments  
☒ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

**SUBTOTAL (1)**

(\$) 0

**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
15	-20 ** = 0	X 18	= 0
Independent Claims	3	-3 ** = 0	X 84 = 0
Multiple Dependent		X	= 0

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)**

(\$) 0

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	180
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)**

(\$) 180

**SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)	Michael J. Schmidt	Registration No. Attorney/Agent	34,007	Telephone	248-641-1600
Signature				Date	May 19, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.